

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016595

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 98

FILED MAY 13 1963

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
Length of stay in 1b <u>58 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Louise G. Wallace Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Brice Route</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Neva</u> Middle <u>Pearl</u> Last <u>Tennison</u>		4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-13-04</u>
9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and state or country) <u>Lebanon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry F. Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>H.T. Tennison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>H.T. Tennison, Brice Rt. Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo</u>	
20g. COUNTY <u>Mo</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 17, 1962</u> to <u>May 4, 1963</u> and last saw her alive on <u>May 3, 1963</u> Death occurred at <u>12:45A</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>Lebanon, Mo</u>		22c. DATE SIGNED <u>5-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-6-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u>		23d. LOCATION (City, town, or county) <u>Lebanon, Missouri</u>	
24. FUNERAL DIRECTOR <u>J. J. Shadel</u>		25. DATE RECD. BY LOCAL REG. <u>5-9-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Wella L. Day</u>		27. ADDRESS <u>Lebanon, Mo.</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

8000-10-10-63  
MAY 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Not Secured 10-10-63